

## PATENT ASSIGNMENT COVER SHEET

Electronic Version v1.1  
 Stylesheet Version v1.2

EPAS ID: PAT4895076

<b>SUBMISSION TYPE:</b>	NEW ASSIGNMENT
<b>NATURE OF CONVEYANCE:</b>	CHANGE OF ADDRESS OF A PRIOR ASSIGNEE
<b>CONVEYING PARTY DATA</b>	
<b>Name</b>	<b>Execution Date</b>
CARDEA MEDSYSTEMS, INC.	04/10/2015
<b>RECEIVING PARTY DATA</b>	
<b>Name:</b>	CARDEA MEDSYSTEMS, INC.
<b>Street Address:</b>	560 COTTONWOOD DRIVE
<b>City:</b>	MILPITAS
<b>State/Country:</b>	CALIFORNIA
<b>Postal Code:</b>	95035
<b>PROPERTY NUMBERS Total: 1</b>	
<b>Property Type</b>	<b>Number</b>
<b>Application Number:</b>	14791353
<b>CORRESPONDENCE DATA</b>	
<b>Fax Number:</b>	(408)993-1800
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>	
<b>Phone:</b>	4089931800
<b>Email:</b>	davidlewisnmn@yahoo.com
<b>Correspondent Name:</b>	DAVID LEWIS
<b>Address Line 1:</b>	1250 AVIATION AVENUE
<b>Address Line 2:</b>	SUITE 200B
<b>Address Line 4:</b>	SAN JOSE, CALIFORNIA 95110
<b>ATTORNEY DOCKET NUMBER:</b>	AJ-5
<b>NAME OF SUBMITTER:</b>	DAVID LEWIS
<b>SIGNATURE:</b>	/David Lewis/
<b>DATE SIGNED:</b>	04/02/2018
<b>Total Attachments: 1</b>	
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# State of California Secretary of State

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## Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00.

If this is an amendment, see instructions.

**IMPORTANT – READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

**F533469****FILED**

In the office of the Secretary of State  
of the State of California

**APR-10 2015****1. CORPORATE NAME**

CARDEA MEDSYSTEMS, INC.

**2. CALIFORNIA CORPORATE NUMBER**

C3126425

This Space for Filing Use Only

**No Change Statement** (Not applicable if agent address of record is a P.O. Box address. See instructions.)

**3. If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement of information has been previously filed, this form must be completed in its entirety.**

☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to **Item 17**.

**Complete Addresses for the Following** (Do not abbreviate the name of the city. Items 4 and 5 cannot be P.O. Boxes.)

4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
560 COTTONWOOD DRIVE, MILPITAS, CA 95035			
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
560 COTTONWOOD DRIVE, MILPITAS, CA 95035			
6. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 4	CITY	STATE	ZIP CODE

**Names and Complete Addresses of the Following Officers** (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

7. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
ROGER A. STERN	560 COTTONWOOD DRIVE, MILPITAS, CA 95035			
8. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
HERBERT NIE	560 COTTONWOOD DRIVE, MILPITAS, CA 95035			
9. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
ROGER A. STERN	560 COTTONWOOD DRIVE, MILPITAS, CA 95035			

**Names and Complete Addresses of All Directors, Including Directors Who are Also Officers** (The corporation must have at least one director. Attach additional pages, if necessary.)

10. NAME	ADDRESS	CITY	STATE	ZIP CODE
JIA HUA XIAO	560 COTTONWOOD DRIVE, MILPITAS, CA 95035			
11. NAME	ADDRESS	CITY	STATE	ZIP CODE
ROGER A. STERN	560 COTTONWOOD DRIVE, MILPITAS, CA 95035			
12. NAME	ADDRESS	CITY	STATE	ZIP CODE

13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:

**Agent for Service of Process** If the agent is an individual, the agent must reside in California and Item 15 must be completed with a California street address, a P.O. Box address is not acceptable. If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 15 must be left blank.

14. NAME OF AGENT FOR SERVICE OF PROCESS	
MARK S. EDWARDS	
15. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY STATE ZIP CODE
2211 PARK BLVD, PALO ALTO, CA 94306	

**Type of Business**

16. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION  
MEDICAL SYSTEMS

17. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

04/10/2015	MARK S. EDWARDSS	ATTY-IN-FACT	
DATE	TYPE/PRINT NAME OF PERSON COMPLETING FORM	TITLE	SIGNATURE